

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0769

2 0760

3

4 0

5 1

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9 200

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12 2.0

13 3.0

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 279

STATE FILE NUMBER

63-027707

FILED JUL 18 1963

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		c. CITY OR TOWN Charrois Mo	
c. FULL NAME OF (If NOT in hospital, give location) St Mary		d. STREET ADDRESS RAI	
3. NAME OF DECEASED (Type and print) Florance Gustav Lienneke		4. DATE OF DEATH 7-12-1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-1-01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer	
13a. FATHER'S NAME Henry Lienneke		13b. MOTHER'S MAIDEN NAME Mattha Ahmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Ethel Lienneke	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ? Acute Coronary Thrombosis DUE TO (c) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION Charrois Mo	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 7/12/63 to 7/12/63 Death occurred at 11:45 A on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 515 E. High St. Jeff. City, Mo.	
22a. SIGNATURE J. J. Sandlin		22c. DATE SIGNED 7/15/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-15-63	
23c. NAME OF CEMETERY OR CREMATORY Oakland		23d. LOCATION (City, town, or county) Charrois Mo	
24. FUNERAL DIRECTOR Stanley E. Meyer		25. DATE RECD. BY LOCAL REG. 16 July 1963	
26. REGISTRAR'S SIGNATURE (Theresa) Richter			

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley E. Mayne

Licensed Embalmer No. 4639

P. O. Address

Camden, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.